

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 193

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

Eastern Shore Anesthesia

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2015

Transaction ID : C3184027

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephen G Howell M.D.

Mailing Address 4742 N Courtney Dr

City

Tucson

State

AZ

Zip Code

85705-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner University Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2015

Transaction ID : C3189508

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark E. Hudson M.D.

Mailing Address 36 Little Mingo Rd

City

Finleyville

State

PA

Zip Code

15332

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Physicians

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : C3191239

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.01